

Texas Association of School Administrators • 2016–17 Membership Year

The TASA membership and service subscription year is September 1–August 31. Duplicate this form for your records.

THIS FORM MUST BE IN THE TASA OFFICE NO LATER THAN **SEPTEMBER 30, 2016** IN ORDER FOR YOUR LISTING TO APPEAR IN THE 2016–17 TASA DIRECTORY.

MEMBER INFORMATION

Please print or type.

Dr. Mr. Ms. Mrs.

Full Name _____

Title _____

District/Organization _____

Mailing Address _____

Delivery Address (if above is P.O. Box) _____

City/State/Zip+4 _____

ESC Region _____ County-District # _____

Phone _____

E-mail _____

I am a first-time superintendent

Optional Information

For internal reporting/tracking purposes only. Check one item per category.

Gender: M F

Ethnicity: African-American Hispanic White Other

MEMBERSHIP DUES

Please select from one of the following categories. Dues for active members vary according to gross annual salary; however, the minimum dues amount for superintendents shall not be less than \$250; minimum dues for other active members shall not be less than \$150.

ACTIVE, SUPERINTENDENT—Percentage of gross annual salary rounded to nearest dollar (**\$250 minimum**):

\$ _____ X .004 = \$ _____

ACTIVE, OTHER THAN SUPERINTENDENT—Percentage of gross annual salary rounded to nearest dollar (**\$150 minimum**):

\$ _____ X .003 = \$ _____

COLLEGE/UNIVERSITY/STATE AGENCY—Full-time professors and persons who are employed by Texas state agencies **\$75** \$ _____

ASSOCIATE—Any person other than school district, ESC, university, and state agency personnel **\$250** \$ _____

STUDENT—Individuals currently enrolled in a college or university department of educational administration who are not employed in a full-time administrative position, other than at the campus level **\$50** \$ _____

MEMBERSHIP SERVICES

Sustaining Membership **\$100** \$ _____

Voluntary contribution in addition to regular membership dues

AASA Membership \$ _____

AASA Active—For superintendents and assistant/deputy superintendents.....**\$450**

AASA Small-School District Leader—For superintendents leading school districts with fewer than 350 students; carries same benefits as Active Leader.....**\$225**

AASA District/Cabinet—For central office staff, principals, assistant principals.....**\$200**

AASA Associate—For anyone interested in educational work but not employed by a school system.....**\$200**

Active College Professor—For full-time professors of educational administration and/or supervision.....**\$200**

BASIC/Aspiring—For teachers, graduate students, counselors, or others pursuing a career as a school system leader.....**\$75**

Retired—For anyone who has retired from full-time employment as a school administrator.....**\$75**

CONTACT TASA



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Fax 512-482-8658
www.TASAnet.org

SUBSCRIPTION SERVICES

Accountability Forum \$ _____

Assistance in analyzing and implementing accountability mandates and related issues

1–499 ADA.....**\$825** Other public

500–2,499 ADA.....**\$1,100** education entity.....**\$4,400**

2,500–9,999 ADA.....**\$2,200** Other private

10,000–49,999 ADA.....**\$2,750** nonprofit entity.....**\$5,000**

50,000+ ADA.....**\$3,300**

Legislative & Public Policy Services \$ _____

District subscription to support TASA's advocacy efforts

1–499 ADA.....**\$250** 10,000–24,999 ADA...**\$1,000**

500–2,499 ADA.....**\$500** 25,000–49,999 ADA...**\$1,250**

2,500–9,999 ADA.....**\$750** 50,000+ ADA.....**\$1,500**

School Transformation Network \$ _____

Collaborative network of districts that focuses on development of innovative, next-generation learning, assessment, and accountability standards for Texas public schools

under 500.....**\$250**

500–2,499.....**\$500**

2,500–9,999.....**\$750**

10,000–49,999.....**\$1,000**

50,000+.....**\$1,250**

Education Service Centers.....**\$450**

TOTAL AMOUNT DUE

Please total all items and enter amount below.

AMOUNT DUE: \$ _____

PAYMENT METHOD

Check, Amount Enclosed: \$ _____

Purchase Order Number: _____

Credit Card:

American Express Discover Mastercard Visa (check one)

Name on Card _____

Account # _____

CVC# _____ Expiration Date _____

Signature _____